## PROGRESS SHEET APPLICATION FOR SURFACE WATER RIGHT

Arthur Avey and Gail Rowland P.O. Box 838 Kettle Falls, WA 99141	PHONE: (509) 591 EMAIL: growland		
☐ ASSIGNED (SEE BACK OF PAGE)			
FERRY COUNTY WRIA 58	WRTS No.	S3-30649 4961202	
APPLICATION NO.: S3-30649	PRIORITY DATE: Sept	. 19, 2011	
Date App rcvd: Sept. 19, 2011 Date fee rcvd: Sept. 19, 2	2011 Amount <u>\$50</u>	Check No.: 2173	
Returned for completion or correction:	Rcvd:		
Statement of additional exam. fee: Rcvd:	Amount \$	Check No.:	
Statement of additional exam. fee: Rcvd: Application mapped by P	date: 62-75-70	4	
PUBLICATION:			
Newspaper(s): Republic News-Miner			
OK'd by:	Date Notice Sent 10 - Newspaper E	9-2013	
Date Affidavit rec'd:	Time expires:	not -need to rep	
Checked by:	Date:		
	Fee rec'd:		
Field Packet sent:			
	PROVISO: YES	□ NO	
OTHER COMMENT(S):			
FIELD EXAMINATION REQUIRED: YES NO			
EXAMINATION DATE ROE ISSUED SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED	
ROE map checked by: date:			
Permit map checked by: date:			
DEVELOPMENT SCHEDULE:			
BC due: EXT to:	BC filed:		
WELL LOG(S) RECEIVED: YES NO Note:			
CC due: EXT to:			
PA due: EXT to:			
METER INSTALLED: YES NO Meter ID No.:			
PA FIELD EXAMINATION REQUIRED: YES NO			
APPROVED FOR CERTIFICATE: YES NO			
Cert. fee: \$ Date letter sent: F	ee rec'd:	Check No.:	
Certificate map checked by: date:			

## **ASSIGNMENT INFO:**

## SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received:	Assignment approved:	
Assignee:	Submitted to Department of Revenue	
Assignee:		
Address:Phone #:		
Copy of Application/ROE/Permit sent to assignee:	Initial:	
Assignment received:	Assignment approved:	
Aggignage	Submitted to Department of Revenue	
Assignee:	Date:	
Address:		
Phone #:  Copy of Application/ROE/Permit sent to assignee:	Initial:	
Assignment received:	Assignment approved:	
Assignee:	Submitted to Department of Revenue	
Address:	Date:	
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Assignee:	Submitted to Department of Revenue	
Assignee:Address:	Date:	
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Phone #:	Initial:	
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Assignment received:	Assignment approved:	
	Submitted to Department of Revenue	
Assignee:		
Address:	Date:	
Phone #:	Initial:	
Copy of Application/ROE/Permit sent to assignee:		